

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **43211**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>3059</b>	
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Gardenville</b>		c. LENGTH OF STAY (In this place) <b>10 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Gardenville</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miller Nursing Home</b>				d. STREET ADDRESS <b>8149 Gravois</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>		b. (Middle)		c. (Last) <b>Laughlin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 17, 1950</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>Oct 26, 1862</b>	
9. AGE (In years last birthday) <b>88</b>		10. UNDER 1 YEAR Months Days		11. UNDER 18 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>not known</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miller Nursing Home Records</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Hemorrhage right side</b> <b>6 mo.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>	
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>no</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Mar 16</b> , 19 <b>50</b> , to <b>Dec. 17</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Dec. 16</b> , 19 <b>50</b> , and that death occurred at <b>10<sup>15</sup></b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. A. Walters M.D.</b> (Degree or title)				23b. ADDRESS <b>3608 South Grand Blvd.</b>		23c. DATE SIGNED <b>12/18/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12/19/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-18-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Danke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenhein &amp; Sons</b>		ADDRESS <b>7027 Gravois</b>	

RWR (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frank J. Owen*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.